

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	5-17-12 1154A	5-17-12 1157A	0.1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	5-17-12 958A	5-17-12 1154A	1.9	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 6-6-12				Signature: <u>Doug Jean</u>		

Comments: Elcc. P. Replace Overhead wires with underground.

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>

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	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	5-7-12 1242p	5-7-12 1245p	.1	3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	5-5-12 108p	5-7-12 1244p	47.6	3	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 5-6-12				Signature: <u>Doug Jones</u>		

Comments: Rt. Elec. Table short - Found Loose wires

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Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	5-5-12 1042A	5-5-12 1045A	1.1	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	5-4-12 1038P	5-5-12 1042A	12.1	3	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 6-6-12				Signature: <u>Doug [Signature]</u>		

Comments:

Aux Contact Fault.

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	5-4-12 746A	5-4-12 749A	1	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	5-4-12 622P	5-4-12 746A	1.4	3	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 6-6-12				Signature: <u>Ray J. [Signature]</u>		

Comments: Air Contact Fault.

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Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Startup / Shutdown / Malfunction Report Form

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Section 1 - All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	5-3-12 632A	5-3-12 635A	1.1	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	5-2-12 722A	5-3-12 632A	11.2	3	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 6-6-12				Signature: <u>Doug Pearson</u>		

Comments: SWAP AUX Contact wires to spare contact.

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Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas is being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	5-21-12 716A	5-21-12 719A	3	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	5-1-12 732P	5-2-12 716A	11.7	3	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 6-6-12				Signature: <u>Day</u>		

Comments:

Aux Contact Fault.

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Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	4-30-12 754A	4-30-12 757A	1	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown			2		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	4-29-12 534P	4-30-12 754A	14.3	3	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 5-3-12				Signature: <i>Doug</i>		

Comments:

AUX. blower fault.

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Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

F/AR6

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Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
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<input checked="" type="checkbox"/> Startup	4-27-12 902A	4-27-12 905A	.1	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	4-26-12 332P	4-27-12 902A	17.5	3	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 5-30-12				Signature: <u>Doug Yessierli</u>		

Comments:

Aux. blower fault.

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		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	4-26-12 200p	4-26-12 203p	1	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown	---	---	---	---	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	4-26-12 100p	4-26-12 200p	1	3	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	---	---	---	---		
Date Form Filled Out: 4-23-12				Signature: <i>Doug Jean</i>		

Comments:

Aux. blower fault

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FLARE.

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	4-2-12 424 P	4-2-12 427 P	1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	4-2-12 1044 A	4-2-12 424 P	5.7	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 4-9-12			Signature: <u>Donny</u>			

Comments: Fix Fley hose MW 20

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	4-2-12 858A	4-2-12 901A	1	2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	4-1-12 1030A	4-2-12 858A	22.5	2	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 4-9-12			Signature: <u>Dee Jean</u>			

Comments: Flex hose off. MW 20
Didn't know it was off.

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	4-1-12 8:14 A	4-1-12 8:17 A	1	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	3-31-12 104 P	4-1-12 8:14 A	19.2	2	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: <u>4-9-12</u>			Signature: <u>Ray Jan</u>			

Comments: Fley hose off MW 20
Didn't know it.

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Flare Test Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	2-25-12 540P	2-25-12 543P	1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	2-25-12 800A	2-25-12 540P	9.7	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 2-5-12				Signature: <u>Doug Jones</u>		

Comments: Shut Down for Utility Test.

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	2-22-12 1018A	2-22-12 1021A	.1	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown	2-22-12 1021A				<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	2-22-12 852A	2-22-12 1018A	1.4	17	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 3-5-12				Signature: <u>[Signature]</u>		

Comments: Utility Surge

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	2-20-12 706A	2-20-12 709A	11	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	2-20-12 332A	2-20-12 706A	3.6	17	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 3-5-12				Signature: <u>[Signature]</u>		

Comments:

Utility Power Surge

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	2-18-12 216P	2-18-12 219P	3	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	2-18-12 822A	2-18-12 216P	5+9	17	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 3/5/12			Signature: <i>[Signature]</i>			

Comments: *Utility Surge Shut Down.*

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	2-16-12 2061	2-16-12 2091	1.1	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	2-16-12 1058	2-16-12 2068	1.0	17	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 2-5-12			Signature: <i>[Signature]</i>			

Comments: *Utility Surge*

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

F/ARG.

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	2-14-12 200P	2-14-12 203P	1	17	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	2-10-12 448P	2-14-12 200P	93.2	17	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 2-5-12			Signature: <i>[Signature]</i>			

Comments: *Utility Power Surge. burned up some E Protections*

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas is being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

ction 1 – All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	1-24-12 6:11P	1-24-12 6:11P	1	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	2-3-12 2:36Pm	2-3-12 6:34Pm	2	12	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 2-3-12				Signature: <u>[Signature]</u>		

Comments: Flare surge

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	1-17-12 842 A	1-17-12 845 A	3	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	1-17-12 212 A	1-17-12 842 A	6.5	17	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: <u>2-3-12</u>			Signature: <u>[Signature]</u>			

Comments: Power Surges

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	5-24-12 1000H	5-24-12 1000A	1	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	4-5-12 2300H	5-24-12 1000A	11715	98	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction					Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 4-5-12 6:24H				Signature: <i>[Signature]</i>		

Comments:

Active Area

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time:	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	5-24-12 1100H	5-24-12 1107	0.1	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	4-4-12 1000 A.	5-24-12 1100	12.99	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 4-4-12 5:24/12				Signature: <u>Doug Jones</u>		

Comments:

Active Area.

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	4-12-12 1000A	4-12-12 1003A	3	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	3-12-12 1400	4-12-12 1000A	240	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 3-12-12 4-12-12			Signature: <u>[Signature]</u>			

Comments: Active Area.

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	4-12-12 800A	4-12-12 800A	.1	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	3-9-10 900A	4-12-12 800A	839	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction					Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 3-9-10			Signature: <u>Day</u>			

Comments:

Active Area -

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time:	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	3-12-12 1200	3-12-12 1203	1	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	2-22-12 1000	3-12-12 1200	455 hrs	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction					Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 2-22-12 3-12-12				Signature: <i>[Signature]</i>		

Comments:

Active Anova - will have to raise well

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input type="checkbox"/> Startup	_____	_____	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	6-28-12 1000	_____	_____	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 6-28-12				Signature: <u>Doug Jones</u>		

Comments: Active Area

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3.	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>